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PTO/SB/66 (03-09)
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| ITION TO AC                                                    | CEPT UNINTENTIONALLY DELAY<br>EE IN AN EXPIRED PATENT (37                                                                                                           | YED PAYN<br>CFR 1.378                             | ENT OF<br>(c))           | 885_201                                     |               | niai)          |        |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------|---------------------------------------------|---------------|----------------|--------|
| P.O. E<br>Alexar<br>Fax: (                                     | nissioner for Patents<br>3ox 1450<br>ndria, VA 22313-1450<br>(571) 273-8300                                                                                         |                                                   | 10/12/2018<br>01 FC:1461 |                                             |               | 6379           | .00 OP |
| NOTE: If inform                                                | nation or assistance is needed in completing th                                                                                                                     | is form, please                                   | contact Petition         | s Information                               | n at (571) 27 | 2-3282.        |        |
| Patent No. 6                                                   | 5,093,012                                                                                                                                                           | Application N                                     | lumber <u>08/725</u>     | ,023                                        |               |                |        |
| Issue Date                                                     | luly 25, 2000                                                                                                                                                       | Filing Date                                       | October 2, 19            | 96                                          |               | •              |        |
| rei<br>rei<br>co                                               |                                                                                                                                                                     | tent to ensure                                    | the fee(s) is/are        | associated v                                | with the      |                |        |
|                                                                | Is a reissue of original Patent No original application number original filing date                                                                                 |                                                   | ····                     | ue date                                     |               | <br>  2012 OCT |        |
|                                                                | resulted from the entry into the U.S. under                                                                                                                         | 35 U.S.C. 371                                     | of international a       | pplication_                                 |               | D R            | 0      |
| I hereby certify th<br>United States Pos<br>Mail Stop Petition | CERTIFICATE OF MAIL  at this paper (*along with any paper referred to stal Service on the date shown below with suffin, Commissioner for Patents, P.O. Box 1450, Al | as being attac<br>cient postage a<br>exandria, VA | hed or enclosed)         | is being de<br>in an envel<br>acsimile trar | posited with  | the sed to     |        |

U.S. Patent and Trademark Office on the date shown below.

Date

Signature

Typed or Printed Name of Person Signing Certificate

[page 1 of 3]

This collection of information is required by 37 CFR 1.378(c). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria. Virginia 22313-1450. Alexandria, Virginia 22313-1460

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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| SMALL ENTITY  Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27.                              |                                                           |                                    |                   |                 |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------|-----------------|--|--|--|--|--|
| 2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS                                                                                |                                                           |                                    |                   |                 |  |  |  |  |  |
| Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)                                                    |                                                           |                                    |                   |                 |  |  |  |  |  |
| MAINTENANCE FEE (37 CFR 1.2                                                                                                  |                                                           |                                    |                   |                 |  |  |  |  |  |
| he appropriate maintenance fee mu                                                                                            |                                                           | this petition, unless it v         | as paid earlier.  |                 |  |  |  |  |  |
| NOT Small Entity                                                                                                             | Small Entity                                              |                                    |                   |                 |  |  |  |  |  |
| Amount Fee                                                                                                                   | (Code)                                                    | Amount                             | Fee               | (Code)          |  |  |  |  |  |
| \$ 3 ½ yr fee                                                                                                                | (1551)                                                    | T   \$                             | 3 ½ yr fee        | (2551)          |  |  |  |  |  |
| \$ 7 ½ yr fee                                                                                                                | (1552)                                                    | \$                                 | 7 ½ yr fee        | (2552)          |  |  |  |  |  |
| \$ 4,730.0011 ½ yr fee                                                                                                       | (1553)                                                    | \$                                 | 11 ½ yr fee       | (2553)          |  |  |  |  |  |
|                                                                                                                              |                                                           | MAINTENANCE F                      | EE BEING SUBMITTE | :D \$ 4,730.00  |  |  |  |  |  |
| MANNER OF PAYMENT  Enclosed is a check for the                                                                               |                                                           |                                    |                   |                 |  |  |  |  |  |
|                                                                                                                              |                                                           |                                    | - *               | $\sim$          |  |  |  |  |  |
| Please charge Deposit Acco                                                                                                   |                                                           |                                    | of\$              | 2012 0C1        |  |  |  |  |  |
|                                                                                                                              | rm PTO-2038 is atta                                       | ched.                              | of\$              | 2012 OCT 10 F   |  |  |  |  |  |
| Payment by credit card. For S. AUTHORIZATION TO CHARGE A  The Director is hereby author Account No. 50-1446  Stephen P. 1344 | rm PTO-2038 is atta ANY FEE DEFICIEN orized to charge any | nched.  ICY  maintenance fee, surc |                   | 70              |  |  |  |  |  |
| Payment by credit card. For S. AUTHORIZATION TO CHARGE A  The Director is hereby author Account No. 50-1446  Stephen P. 1344 | rm PTO-2038 is atta ANY FEE DEFICIEN orized to charge any | nched.  ICY  maintenance fee, surc |                   | ency to Deposit |  |  |  |  |  |

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| 7. OVERPAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | As to any overpayment made please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |  |  |  |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Credit to Deposit Account No. 50-1446                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Send refund check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |  |  |  |  |  |  |
| WARNING:  Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |  |  |  |  |  |  |
| 8. STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The delay in payment of the maintenance fee to this patent was unintentional.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1           |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THONER(S) REQUEST THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE TENT REINSTATED  Signature(s) of Petitioner(s)  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |  |  |  |  |  |  |
| Joac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | him Reul, CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 201         |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Typed or printed name(s)  Registration Number, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2012 007 10 |  |  |  |  |  |  |
| 011 49 7391 5050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5           |  |  |  |  |  |  |
| Ram                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and the same of th | l l         |  |  |  |  |  |  |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ě           |  |  |  |  |  |  |
| D-89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 604, Allmendingen, Germany Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2           |  |  |  |  |  |  |
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| 37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."  ENCLOSURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |  |  |  |  |  |  |
| <b>[</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ✓ Maintenance Fee Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |  |  |  |  |  |  |
| Surcharge under 37 CFR 1.20(i)(2) (fee for filing the maintenance fee petition)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |  |  |  |  |  |  |
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OP APractitioner's Docket No.: 885\_201

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Patent** 

**Application** 

Patent No.:

6,093,012

Application No.:

08/725,023

Issue Date:

July 25, 2000

Filing Date:

October 2, 1996

Conf. No.:

7420

Title: FORM FOR MANUFACTURING CONCRETE FORM COMPONENTS BY

**MACHINE** 

## **EXPRESS MAIL CERTIFICATE**

"Express Mail" label number:

EV 970617562 US

Date of Deposit:

October 4, 2012

I hereby state that the Petition to Accept Unintentionally Delayed Payment of Maintenance Fee in an Expired Patent (37 CFR 1.378(c)) along with a check in the amount of \$6,370.00 is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10, on the date indicated above and is addressed to:

> Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.